		CLAIMS A	S FILED	- PART	1		CHALL	CNT	τ.	13		
			(Colum		-	(2 מתו	SMALI TYPE	ENT]	OR	OTHER SMALL	
TOTAL CLAIMS			16				RAT	Ť	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		EE 3	75.00	OR	BASIC FEE	750.0
TOTAL CHARGEABLE CLAIMS			/6 _ minus 20=		. ~	·d		:		OR	X\$18=	
NDEPENDENT CLAIMS			2 _ minus 3 =		1		X42=			1	X84=	 -
M	ULTIPLE DEPEN	NDENT CLAIM P	RESENT			n	1	+		OR		
· 1·	f the difference	in column 1 is	less than a	rero enter	"O" in	column 3	+140	1		OR	+280=	
•			•			201UINN 2	TOTA	L		OR	TOTAL	700
	C	(Column 1)	AMENDED - PART II (Column 2)			(Column 3)	SMA	L EN	TITY	OR	OTHER SMALL	
1		CLAIMS REMAINING		HIGH	EST				DDI-)	f	ADDI
AMENDMENT /		AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA	RATE	T)	ONAL		RATE	TION
	Total	. 14	Minus	** 9	0	=	X\$ 9	\neg		OR	X\$18 ∈	
	Independent	1.2	Minus	*** 2	3	=	X42=		_/	OR	X84=	/
_	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140:		1		+280=	/
			•				TO1		'	OR	TOTAL	1_
							ADDIT. F			OR	ADDIT. FEE	
-		CLAIMS	1	(Colur		(Column 3)						
Œ		REMAINING		NUM	BER	PRESENT	CAT		DDI-		0	ADD
AMENDMENT		AFTER AMENOMENT		PREVIO		EXTRA	RATE		ONAL EE	. •	RATE	TIONA
	Total		Minus	**		=	X\$ 9:			OR	X\$18=	, , , ,
	Independent	*	Minus	***		=	X42=				X84=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM			╁		OR	· ·	
							+140=			OR		
							TOT. ADDIT, FI			OR	TOTAL ADDIT, FEE	
_		(Column 1)		(Colun		(Column 3)						
J		CLAIMS REMAINING		HIGH		PRESENT		A	DDI-			ADD
		AFTER		PREVIO	USLY	EXTRA	RATE	TK	DNAL		RATE	TION
5	Total	AMENDMENT *	Minus	PAID	FOR	_			EE_			FEE
AMENOWENT	Independent		Minus	***	·	=	X\$ 9=	1		OR	X\$18=	
		NTATION OF M	ULTIPLE DE		CLARA		X42=			OR	X84=	
				*			+140=		. [OR	+280=	
*	if the entry in colu If the Thinbest Mu	ran 1 is fess than 8 raber Previously Pa	ne entry in col	umn 2, write IS SIDACE k	"O" in od	lumn 3.	TOT			OR	TOTAL	2
**	The Highesi Mu	maber Previously Pa	ald For IN TH	IS SPACE is	s less tha	n 3. enter 3.	ADDIT. FE				ADOIT. PEE	
_	The Trighest Mun	nber Previously Pai	to For (Total o	or independe	end is the	highest number	found in the	арргор	riate box	in col	uran 1.	

Application or Docket Number